A Call for Action by Schools

Produced by the PaCCT research team. Co-produced with members of the Rochdale Pakistani communities in the context of COVID-19

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THE PACCT ACTION PROJECT PARENT AND CARER CONSULTATION REPORT

The Pakistani communities’ call to action on COVID-19 in Rochdale—addressing school related concerns.

We hope that this report will be useful to you in reflecting on the impact of Covid-19 on exacerbating inequalities across many areas in Rochdale, but specifically related to schooling.

What is the purpose of this project?

The aim of this project is to address the needs of the most vulnerable in the Black, Asian and Minority Ethnic (BAME) communities during the COVID-19 pandemic. One of the key expected outcomes of this project is to create collaboratively, specifically beginning with the local Pakistani communities in Rochdale, a socially disadvantaged area, a research-evidenced ‘Call to Action’ document to be published on various academic and public platforms in order to increase impact.

Through this project, 17 mostly vulnerable members of Pakistani communities co-produced with the project team a research- and evidence-based Call to Action document, voicing concerns and suggesting strategies to mitigate the needs of these marginalised communities. Drawing on one-to-one (virtual) interview-based consultations with carers, parents, and/or grandparents of primary, secondary school and college students of Pakistani ethnic backgrounds in Rochdale, we collectively identified and suggested strategies for action. Documented in the Call to Action document, these voices and strategies are grounded in quotations from interviews as also confirmed by interviewees via subsequent consultation.
What is the ‘Call to Action’ Document?

From the experiences and stories of these participants, we have drawn up a ‘Call to Action’ document to respond to the concerns raised. The suggested strategies will be particularly relevant to (i) schools; (ii) NHS, well-being/GPs and mental health services; (iii) national policy regarding local/institutional implementation; (iv) local Rochdale policy/action; and (v) the media. Indirectly, the Call to Action document will facilitate a discussion on the national level about these issues, as well as impact other ethnic minorities (such as Bangladeshi and Black). In this report, we share the school related strategies suggested.

USING THE REPORT

In this report, we provide you with the executive summary for the project, as well as present the school/college related strategies and suggestions for policy makers across schools and colleges in the Rochdale Borough (see page 7). The data collected could be used as a starting point for discussion within your school/college about possible needs of the pupil population, specifically from minoritised backgrounds, and priority areas for development and improvement, especially in relation to the key areas covered in the project: e.g. home, school communication, mental health, Covid-19 related safety concerns.

EXECUTIVE SUMMARY

The COVID-19 pandemic has brought to light the increased health risks among groups labelled Black Asian and Minority Ethnic (BAME), thereby exposing stark inequalities (ONS, 2020). Top-down, lockdown measures have further exacerbated the inequalities experienced by ethnic minorities in Rochdale and across the country, where their voices have been missing (Dawson et al., 2018). These measures are impacting all aspects of life, but differentially impacting those from disadvantaged areas. As schools open up in a staggered approach, while the Department of Education (DfE) has called for sensitivity ‘to the needs and worries of BAME members of staff, parents and pupils’ (DfE, 2020, p.3), to date no research-based strategies have been proposed to address their concerns (BAMEed Network, 2020).

We report on the findings of an ESRC COVID funded impact project, focussing on the needs of the Pakistani communities in Rochdale, an area known to suffer significant social deprivation, both before and as intensified during the current pandemic crisis. This project aims to identify the cultural mediators of the voices of the community concerning COVID-19 related health risks and barriers to learning, in order to inform and challenge policy makers and school practitioners.

The approach for documenting the perceptions of the participants drew on previously developed methodologies exploring how narratives and identities (Black and Williams 2013) inform decision-making, and took an intersectional approach to address how inequalities
were understood, in particular highlighting relevant intersections of ethnicity, gender, and social class (Choudry et al., 2017 and Burman, 2020).

We identified key themes recurring across individual, often very private narratives of hurt and pain felt by those enduring racism and abuse - and we see these themes as suggesting a collective experience that calls for collective action. But what actions will we take? We here make some suggestions in relation to four themes from our study.

First theme: “Blaming the victim”

In this theme, we saw the ‘blaming of the minoritised community itself’ - referenced to media focusing on (often false) accounts of behaviour in the mosques, at the same time sideline ‘bad behaviour’ (by others – including members of diverse non-Muslim groups and class backgrounds) in pubs and bars (compared with family gatherings in the homes). This was experienced by almost all participants, especially on social media platforms. This begins in media gossip but then even becomes a theme within government racism, with much-voiced examples of discriminatory decision-making and policy – including closing mosques yet subsidising pubs, and the manifest differences in government attitudes to Eid and Christmas lock downs.

To action plans: we need to formulate actions that bring these experiences and voices: (i) to those in positions of power in the media, in institutions including schools, and in politics where these voices are often currently marginal; (ii) to policies of affirmative action in recruitment and promotion, and (iii) in short term actions to raise the profile of these concerns in institutional governance and practice. With reference to the societal and political level, some local scrutiny of the media and national decision-making on local racism is needed, not just a one-off inquiry, but as a matter of continuing concern and work, reflecting the longstanding injuries and concerns around racism that pre-exist the pandemic.

Second theme: “marginalisation” from positions of authority and power.

If the first theme is to lead to positive action, it will have to confront the problem of marginalisation of the communities from access to institutions and positions of authority which can influence policy and bring about change. We recorded accounts indicating how, in the GP surgery, some of the older people who don’t speak good English find themselves cut off from their doctor by various unfortunate procedures - some exacerbated by the pandemic (e.g. over-the-phone diagnosis where only English is spoken, or surgeries not allowing accompanying family to visit the surgery with the patient), thus suggesting the call for translation services to be implemented or re-instated. In our follow up consultation, we also found out that whereas Rochdale council was acknowledging and allowing family members
to translate and book vaccination appointments for their elderly relatives who did not speak English, the national delegators of this task had no translation services in place and refused to speak to anyone else even with the permission of the elderly. Thus, we suggest family members be allowed to continue with supporting their elderly relatives, especially where they are recognised as the usual carers for them.

The marginalisation extends to most institutions; but we are particularly concerned with schools whose staffing is perceived to fail to reflect the diversity of the communities they serve. We recommend that any school with a high proportion of minority students should consider whether their staffing and leadership is representative of this diversity, and competent to listen to, understand, and address the needs of minority voices. We also recommend that mental health provisions should be extended, for SEND home support packages to be developed and for improving home/community school communication pathways.

**Third theme: Covid aggravation of discrimination**

The lockdowns, and the particular way some rules are designed, were perceived to be particularly difficult for our participants, leading to increasing distrust of and alienation from governmental and institutional policy. For instance, in many families, parents have to work while also needing to supervise children not easily engaged online. Additionally, teacher-parent communications need to consider non-English speaking parents, often with no access to or know-how of required technology. Hence, we ask schools to consider sending out hard copies, possibly translated in various languages (reflecting pupil diversity and needs), as well as consider local radio stations, e.g. in Rochdale those that run programs in Urdu to reach non-English speaking parents/carers.

At such times, the closure of community centres and mental health services should really only be an extreme measure, only used in extreme circumstances, as these are places where the particularly vulnerable go, sometimes in desperate need. The closure of such key arenas was highlighted as a major barrier to accessing information and services. We also heard that services and places are in danger of closing permanently due to lack of funds rather than on health grounds which surely is ill considered, especially considering the vast sums being doled out to all kinds of businesses in the billions. Such overlooking of key community resources in favour of business also feeds the sense of racialised grievance, hence we suggest local and national policy makers allocate funding to keep open these centres for the vulnerable members of society.
Fourth Theme: Covid related communication vacuum

Our participants, members of the Rochdale Pakistani communities, have expressed grievances over not being heard, not being engaged in critical debates related to the Covid-19 pandemic, being expected to be obedient, and conform without questioning the statistics or Covid related information. This has led to some resistance in terms of rejection of information that is shared by policy makers. We heard that the lack of meaningful conversations creates a communication vacuum where conspiracies might take hold, as vulnerable, often isolated members of the community are left to their own devices to come up with a narrative that may explain the, often conflicting, advice by the government over time. Hence, we suggest the establishment of community-based consultations and discussions at the local level to be facilitated by local community leaders and/or local politicians to bridge this gap.

Conclusion

We note that the accounts we documented were set in the context of individual experiences of abuse on the street or playground, which were sometimes compounded by denial or ignoring by those who should protect and defend the victims. What the accounts emphasised was how this could become ‘normal’ and institutionalised, when the victim’s experience is denied, or the victim’s reaction is labelled an inappropriate over-reaction. This can even lead to institutionalised abuse of the victim, and protection of the abuser (this is also seen in victims of other forms of abuse, we know).

Thus, each theme begins with an often very private and painful personal or family experience, but then is identified as a particular- sometimes impassioned - expression of a collective grievance and need. We suggest this collective experience and need calls for collective action by these communities to express such needs, but also to demand change in policy and practice, to educate those with decision-making powers, and to facilitate communities’ access to and influence in schools, as well as the media, health, and politics that matter.
SCHOOL RELATED CALL TO ACTION – STRATEGIES, RECOMMENDATIONS AND CONCERNS

This document presents recommendations, strategies, and concerns of our participants, including 17 voices of vulnerable parents and carers of children in the Rochdale Pakistani community, who worked together with the University of Manchester on the PACCT Action project (funded by the Economic & Social Research Council). The aim of this project is to address the needs of the Pakistani community during the COVID-19 pandemic. From the experiences and stories of the anonymous participants (NB all names used here are pseudonyms), we have drawn up suggestions for recommendations and strategies presented here, which are in particular relevant to education. (Future reports will focus on health service providers, politicians and media outlets locally in Rochdale and also nationally.

Here we detail the action points suggested for discussion with the community, organised for the audience in schools and other educational institutions, and all those interested in education more generally.

SCHOOLS

a) **Attendance – communication with parents needs to reflect health and safety concerns as well as measures/rules:**

“When they will ask us to go [back to school] in September, until I go and see everything for myself and speak to the teacher, I would not send them and if it came to that point, I would home school them. I have spoken to a lot of people. A lot of people are trying to home-school the children... Like our community, Pakistani, Asian, they said that if we are not comfortable then we are going to home-school” (Adnan).

b) **Need for a high-quality curriculum: has teaching been ‘watered down’? Work set for home schooling appears inadequate. Quality review of the online provisions, and staff training in areas where gaps are presented needs to be provided:**

“They [students] have five hours in school, they have five hours of lessons and they are getting everything done within a couple of hours.... Plus, they were not really covering a new topic, right? So that was concerning me, worrying me, that the work is not challenging enough. She [her daughter] was finishing it very quickly” (Razia).

“I need to see the academic side of it... their learning... the education side of it. It has been watered down so much so that there is no point” (Adnan).
c) Means of school-home communication:

i) **Consider hard copies along with mobile/online media (applications such as parentmail)/FB/Zoom/Teams:**

ii) “The school where my kids go, they have been sending letters through [via online provisions such as using an app called Parentmail], but then again parents need to have smart phones... to access them” (Shumaila).

iii) **Consider translating parental communication in various languages to enable proper participation with non-English speaking parents. Consider local radio stations that run programs in Urdu to reach non-English speaking parents/carers:**

“I think if you don’t have a Facebook then you are really stuck. I think emails are very good, but some Asians can’t speak English. How do they know what is going on in school and colleges?... I mean there are [a] lot of people who are asylum seekers or [from] other countries...people who come here. They do not know English and what not. So yeah, this is an issue, if letters are online” (Shumaila).

iv) **Perceived inconsistency of safety etc regulations across local primary and secondary schools. Schools need to coordinate their organisation with other local schools in terms of consistency and improvement of existing practices:**

“I suppose they have done it for everyone’s safety, but it is just like a 10 minute overlap. Taking that into account, you have to get one child from one end of the school and then you have to hang out for 10 minutes to go and pick up the other one and then at the same time you have a child at the high school who needs to be picked up. I think schools need to think about the picking up and dropping off times” (Farah).

d) **Secondary schools emerge as appearing more disconnected from community. Secondary schools can consider Primary school practices that have helped them communicate more effectively (e.g. individual student feedback and prompt follow ups to parent queries):**

“They [the Primary school] do speak a lot to people. I can’t understand why they [the secondary school] cannot make that kind of connection” (Adnan).
e) Sensitivity towards the ways historical racism is reactivated by current experiences in schools needs to be developed. Consider educational activity in schools to sensitise teachers/managers to the community’s experiences of racism:

“I had to go down with my child and have the same conversation with my son and the teacher [about being called ‘Paki’ and retaliating as a response] that my parents had to when I was in primary school” (Adnan)

f) For schools to address institutional and everyday racism: schools with a high proportion of minority students should consider if their staff membership is representative across all job levels of this diversity and can address, understand and listen to the needs of the under-represented voices:

“Asians, they are there, but they will be teaching assistant, cleaners and they will be on benefit jobs. There are 99.95% Pakistani Muslim students [in my child’s school] and the staff is predominantly English. Don’t blame the community if you are putting White middle-class English in the demonstration and control of it... They rarely give the deputy headship to the Asians” (Luqman).

g) Student motivation for online work a problem - difficulty of the tasks. We recommend teachers/schools should set up meetings to review this with parents/carers and students:

“I don’t understand [how] you can tell a teenager to get up and come to a screen and study and be serious about it. So, I am very, very anxious about it. I am anxious and I am scared for her” (Farah).

h) Mental health provisions put in place by school prior to Covid-19 should have continued and need to be resumed, e.g. mentor allocation, Healthy Young Minds, etc.:

“The [my] Year 8 [child] is also worried, because when he was in Year 7, he got anxiety... So, we helped him with a mentor, but now...coronavirus unfortunately came [and this stopped]” (Shumaila).

i) For families with children with Special Educational Needs and Disability issues, home support packages need to be developed and provided to parents/carers:

“My eldest son [with autism], he doesn’t understand much, and gets frustrated easily... I don’t get much home support anyway for the older son” (Sameera).
CONCLUSION: FROM PRIVATE VOICE TO COLLECTIVE VOICE AND ACTION

The voices represented in this Call to Action document have told of the pain and hurt of many in the Pakistani Rochdale communities who are suffering from racism and abuse at multiple levels: individually (on the street, playground, and at work); institutionally (in schools, workplaces, and the NHS; and at societal levels (in government policy/decisions and rhetoric, and in the media, both mainstream and social media).

Thus, our consultation led to the construction of thematic ‘voices’ at individual, institutional and community levels that suggest the need for discussion to lead to new demands and actions across (i) schools; (ii) NHS, well-being/GPs and mental health services; (iii) national policy regarding local/institutional implementation; (iv) local Rochdale policy/action; and (v) the media. This document has focused on schools, but we plan to address other audiences in future work.

WHAT’S NEXT?

Our findings presented here have led to the construction of thematic ‘voices’ at individual, institutional and community levels that suggest the need for discussion to lead to new demands and actions. We are hoping that this report will be considered as part of your Covid-19 related policy reviews that take place:

• During Senior Leadership Team meetings
• During Governor meetings
• Student Councils
• Parents’ meetings
• Academy Trust or any other schools in your coalition arrangements

We would also like to invite you to further these discussions with our team by contacting us (see below). We are happy to elaborate on our suggested strategies, as well as share the full report, if you so require.

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